

Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Infant- *Andrews* Town *Neenona* County *Somerset*

Died at *Neenona*

Date of death *1908* Month *6* Day *17* Age *—* Years *—* Months *—* Days *9*

Sex *Female* Color or Race *White* Birth-place *Neenona*

Occupation *— —* Where Residing if not at place of death. *Neenona*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Arthur Andrews* Father's Birthplace *Maryland*

Mother's Maiden Name *Gertrude Daniel* Mother's Birthplace *" "*

Name of person giving information *Arthur Andrews* How related to deceased *Father*

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary *Colapso* How long *3 hours*

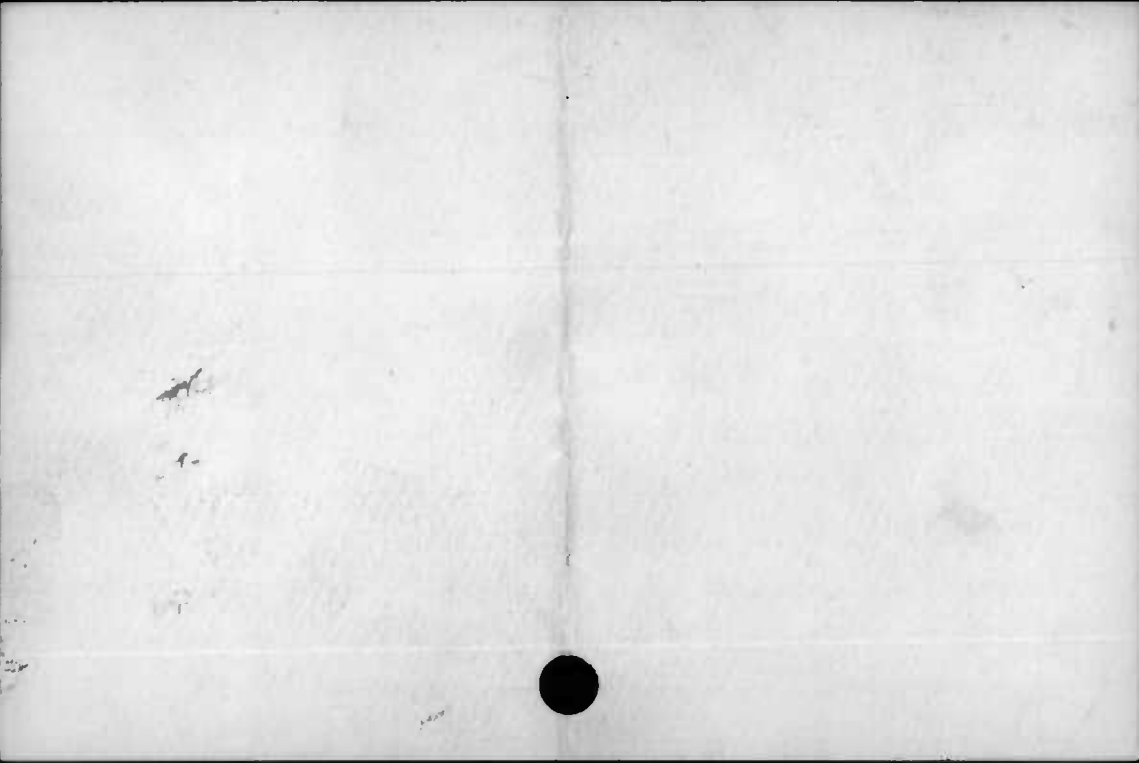
Immediate *Asphyxia* How long *30 min.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. H. Alexander*

Address *Somerset Co.*

Accident or Suicide? *—*



Name
in
Full

Wm. Henry Ball

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

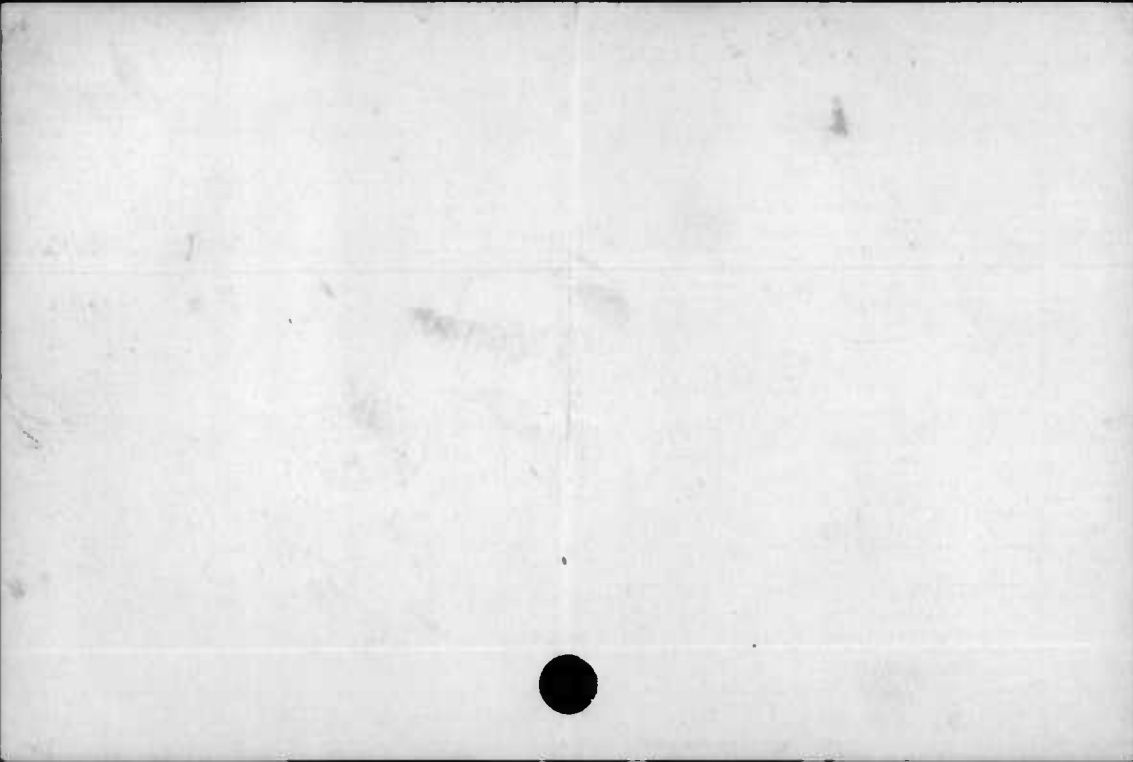
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		June	18	21			
Sex		Color or Race		Birthplace			
Male		Colored		Fairmount			
Occupation				Where Residing if not at place of death			
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Henry H. Allen		Va.					
Mother's Maiden Name		Mother's Birthplace					
Zippie H. Allen		Fairmount					
Name of person giving information		How related to deceased					
Geo. Hall		None					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Gun-shot wound of abdomen	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	B. W. Gill
	Address
	Farmington
Accident or Suicide?	Md.
Homicidal	



Name
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Full

Eliska J. Gumbly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

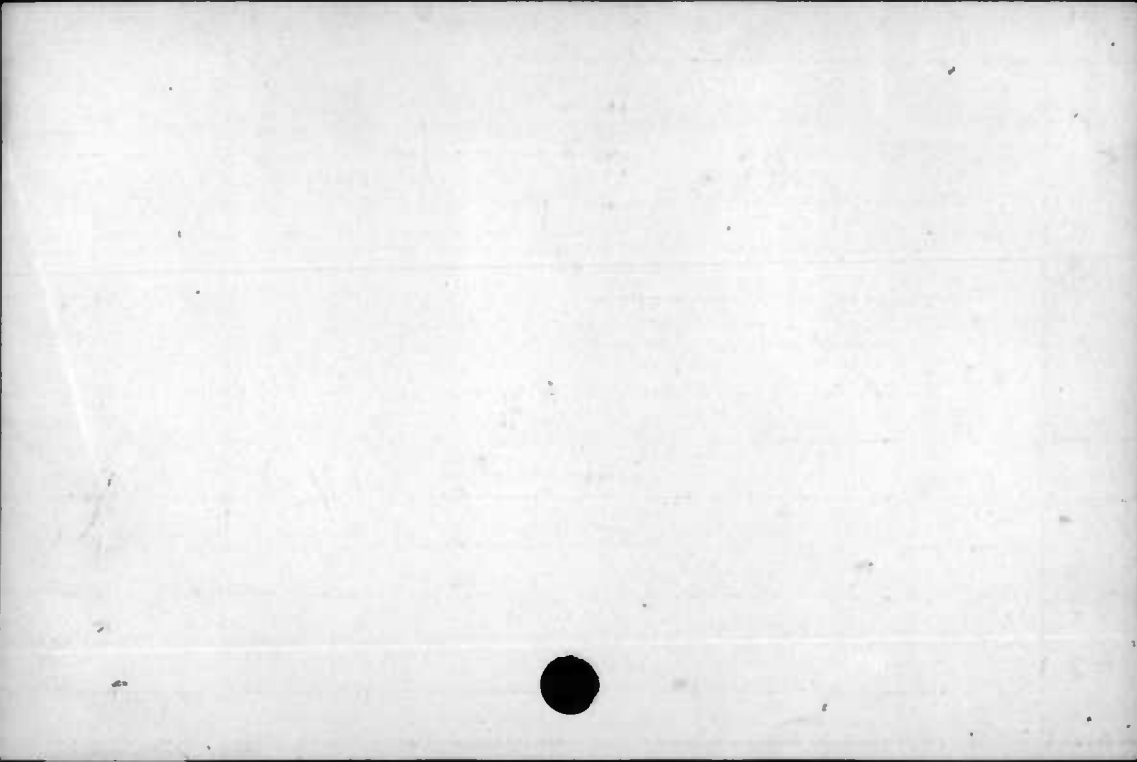
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		June	27	82			
Sex		Color or Race		Birth-place			
Male		White		Md			
Occupation				Where Residing if not at place of death			
Farmer							
Married, Single or Widowed				Name of Wife or Husband			
				Anna Cortin			
Father's Name				Father's Birthplace			
-				Md			
Mother's Maiden Name				Mother's Birthplace			
Milkey Ann				Md			
Name of person giving information				How related to deceased			
Samuel Gumbly				Son			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	General Debility	How long	3 or 4 yrs
Immediate	Cardiac Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Dr. L. G. B. Allen	
		Address	
		Marian	
		Md	
Accident or Suicide?			



Name
in
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CERTIFICATE OF DEATH

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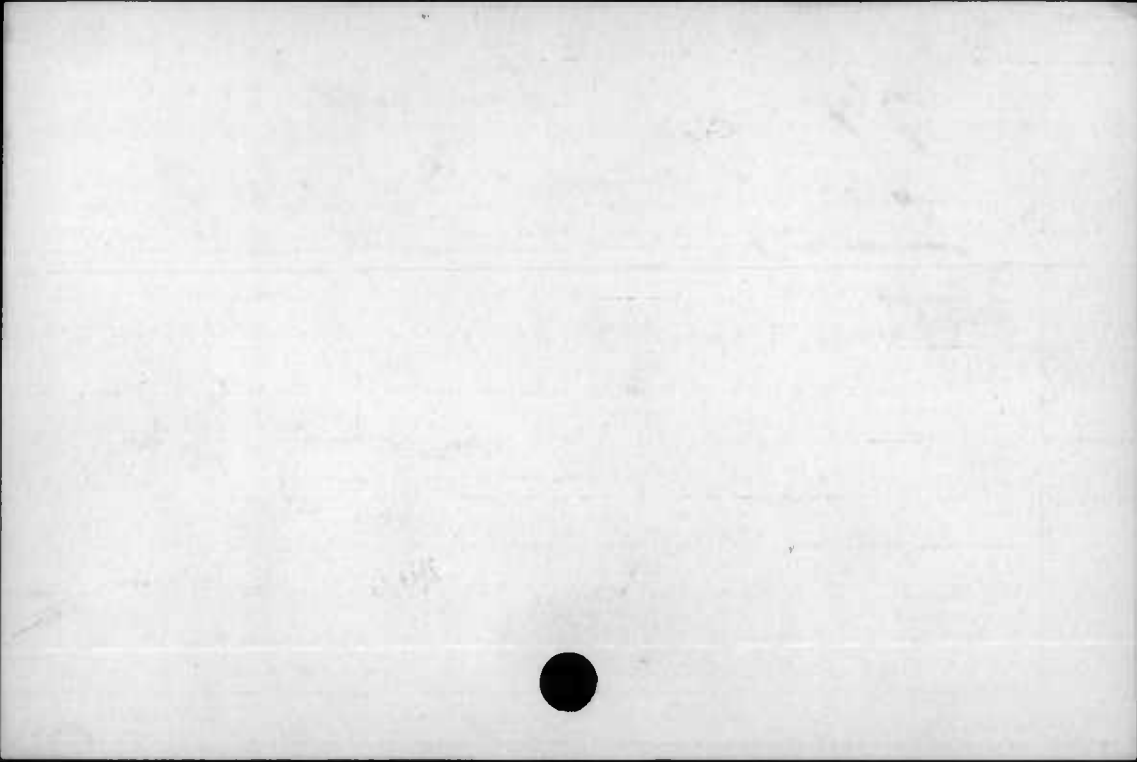
Died at <i>Costa</i> Town		<i>Southern</i> County		MARYLAND	
Date of death	1908	Month	June	Day	29
Sex	Female	Color or Race	White	Birth-place	Md.
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of deceased Husband <i>Chris A. Johnson</i>		
Father's Name	<i>James Townsend</i>		Father's Birthplace <i>Md.</i>		
Mother's Maiden Name	<i>Do not know</i>		Mother's Birthplace <i>Maryland</i>		
Name of person giving information	<i>John T. Warren</i>		How related to deceased <i>No.</i>		

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	<i>Cancer of uterus</i>	How long	<i>1 1/2</i>
Immediate	<i>Lophanthisis</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Wilson</i>	
<i>Yes</i>		Address <i>Pocomoke City</i>	
Accident or Suicide?		<i>No</i>	



Name
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Lizzie Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

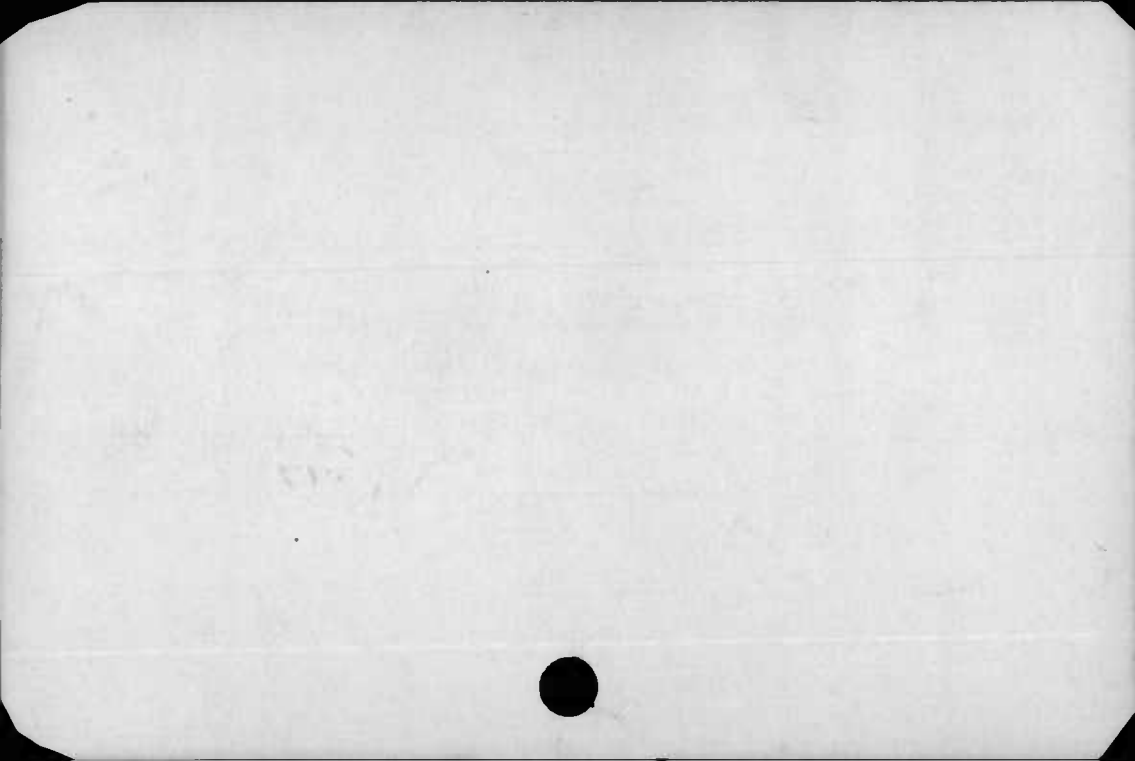
Died at <i>Marion</i> Town		County <i>Somerset</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>28</i>	Years <i>19</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Somerset Co</i>		
Occupation <i>Housework</i>	Where Residing if not at place of death				
Married, Single <i>Married</i>	Name of Wife or Husband <i>Peter Johnson</i>				
Father's Name <i>Joseph Jarrell</i>	Father's Birthplace <i>Somerset</i>				
Mother's Maiden Name <i>Mary Horey</i>	Mother's Birthplace <i>.. Co</i>				
Name of person giving information <i>Elisha Horey</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 mos</i>
Immediate <i>General Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. L. Allen</i>
	Address <i>Marion, Md.</i>
Accident or Suicide?	



Name
in
Full

Sarah Lankford

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *near Marion*

Date
of death *1908*

Month

June

Day

26

Age

Years

70

Months

5

Days

17

Sex

Female

Color or
Race

Black

Birth-
place

Somerset Co

Occupation

Housework

Where Residing if not
at place of death

~~Woman, Single~~
~~Widowed~~

Widow

Name of Wife or
Husband

Arthur Lankford

Father's
Name

Joseph Handy

Father's
Birthplace

Somerset Co

Mother's
Maiden Name

Fannie Horsey

Mother's
Birthplace

" "

Name of person giving
In formation

Isiah Johnston

How related
to deceased

Son

CAUSES OF DEATH

179

Primary

General Debility

How long

2 or 3 yrs

Immediate

Cardiac Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr. J. G. B. Alley

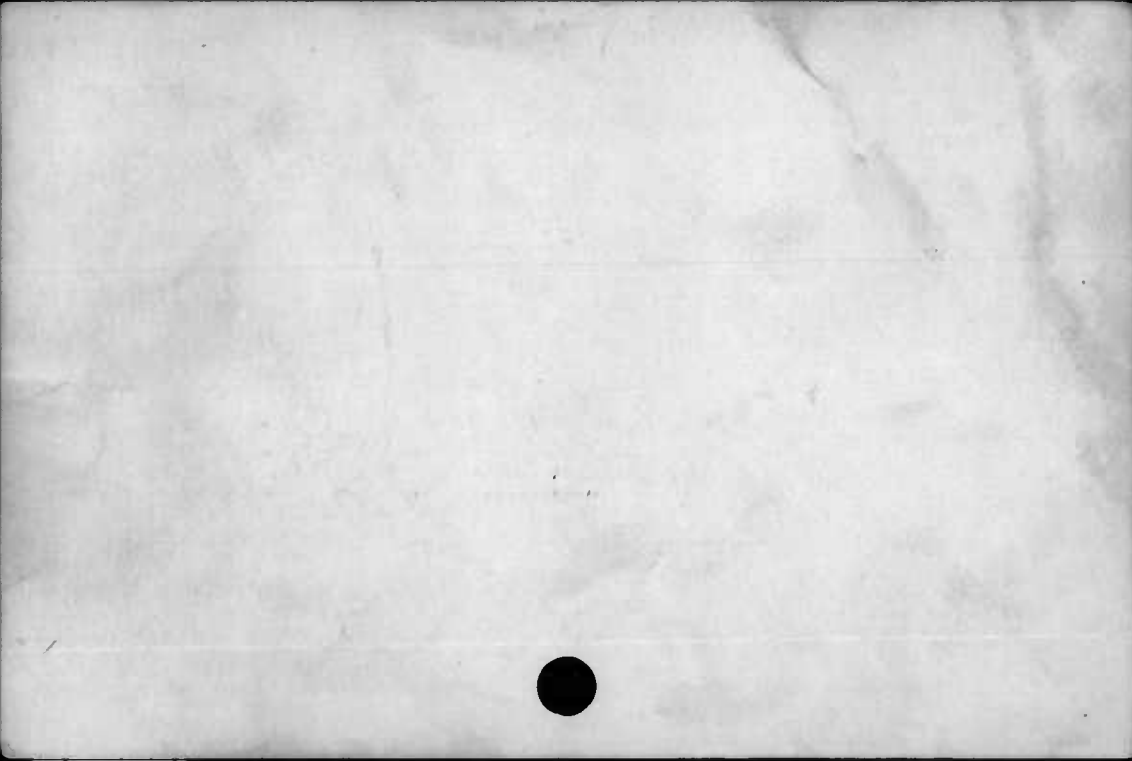
Address

*Marion
Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Marion* Town

County

Somerset Co

Date

of death *1908*

Month

June

Day

2

Years

Age *36*

Months

Days

Sex

*male*Color or
Race*white*Birth-
place*md*

Occupation

*Grocery Clerk*Where Residing if not
at place of deathMarried, Single
or Widowed*married*Name of Wife or
Husband*Virginia Lokey.*Father's
Name*Benj Lokey*Father's
Birthplace*md*Mother's
Maiden Name*Margarette L*Mother's
Birthplace*md*Name of person giving
Information*Virginia Lokey*How related
to deceased*wife*

CAUSES OF DEATH

Primary

Inflammatory Rheumatism + Pneumonia

How long

9 days

Immediate

Cardiac Failure

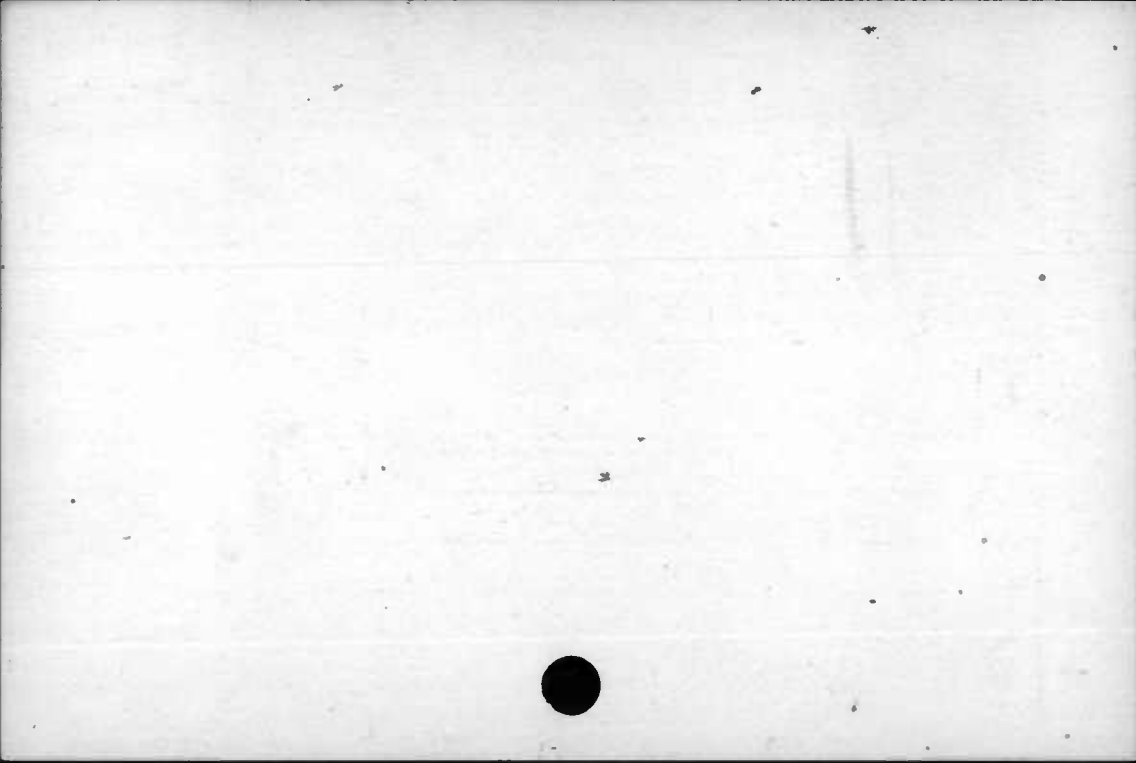
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Dr. J. G. B. Allen*

Address

*Marion**md*

Accident or Suicide?



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TO BE ANSWERED BY
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MARYLAND

Died at *Upper Fairmount* *Romerset* CountyDate of death 1908 *June* Month *24* Day *10* Years *5* Months *18* DaysSex *Male* Color or Race *White* Birth-place *Romerset-Geo*Occupation *None* Where Residing if not at place of death *—*Married, Single or Widowed *Infant* Name of Wife or Husband *—*Father's Name *John Mc Grath*Father's Birthplace *Romerset Geo*Mother's Maiden Name *Mellie Thomas*Mother's Birthplace *Romerset Geo*Name of person giving information *—*How related to deceased *—*

CAUSES OF DEATH

105

Primary *Enterocolitis*How long *about a month*Immediate *—*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. E. Dickinson

Address

Upper Fairmount

Accident or Suicide?



Thos. W. Landon Esq.
Landonville

Wd
62

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

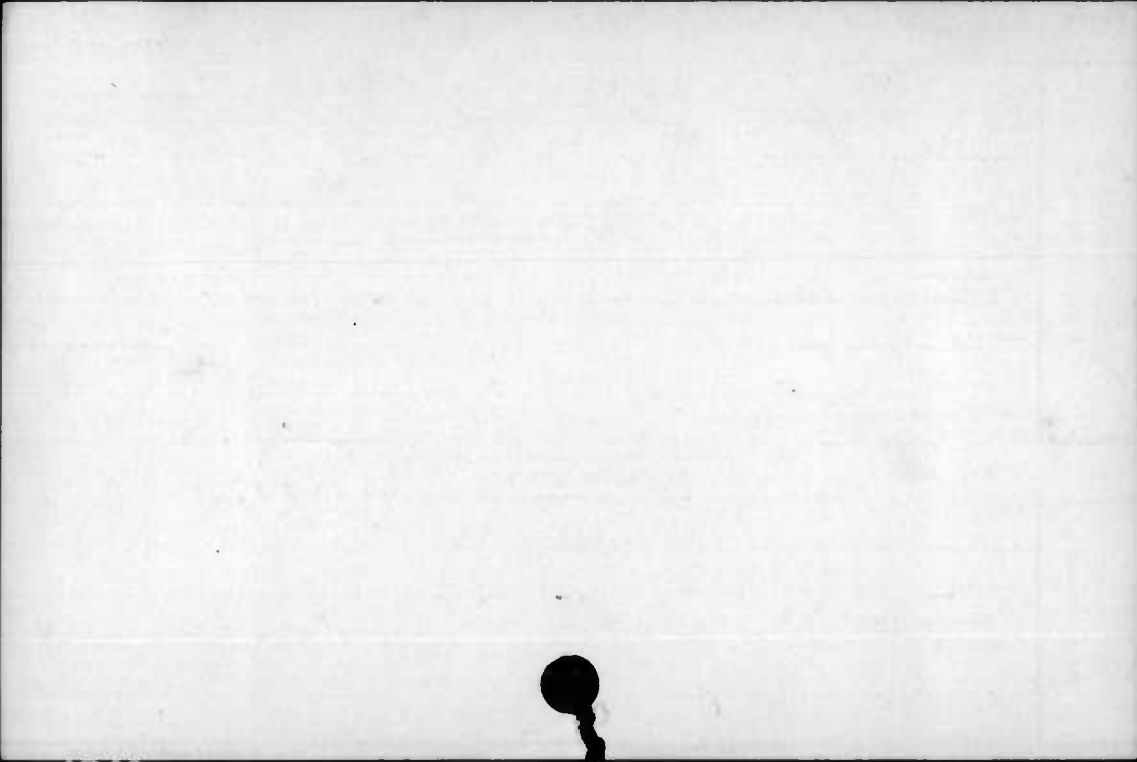
Died at		Town		County		MARYLAND	
Date of death		1908	Month	Day	Age	Years	Months
Sex		Male		Color or Race		White	
Occupation		Commission Mch		Where Residing if not at place of birth		Fairmount Md	
Married Single or widowed		Married		Name of Wife or Husband		Annie R. Muir	
Father's Name		John Muir		Father's Birthplace		Md	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving information		John Muir Jr		How related to deceased		Son	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Cause		Acute Gostitis		How long	
Immediate Cause		Cerebral appoplexy		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		about 48 hrs.	
Signature of Physician		J. H. Coulbourn		Address	
Accident or Suicide?		No		Fairfield, Md.	



Name
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Milton Henry Moore Somerset

CERTIFICATE OF DEATH

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Died at <i>Rhodes Point</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death	1908	Month	June	Day	21
Age		Years		Months	9
Sex		Male	Color or Race	White	Birthplace
Occupation		Rhodes Point, Md.			
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Edward Moore		Father's Birthplace	
Mother's Maiden Name		Minnie L. Moore		Rhodes Point, Md.	
Name of person giving information		Edward Moore		Mother's Birthplace	
				Stethel,	
				How related to deceased	
				Father	

CAUSES OF DEATH

88

PHYSICIAN
OR CORONER

Primary	Acute Laryngitis	How long	72 days
Immediate	Obstructing Larynx	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Cowell,	
		Md.	
Accident or Suicide?			



Name
in
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Mabel E Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Shelton* ^{County} *Somerset* **MARYLAND**

Date of death 190 ^{Month} *8* ^{Day} *23* Age ^{Years} *—* ^{Months} *8* ^{Days} *—*

Sex *Female* Color or Race *white* Birth-place *MD*

Occupation *Infant* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Archie Powell* Father's Birthplace *md*

Mother's Maiden Name *Emma Powell* Mother's Birthplace *md*

Name of person giving Information *J. J. Hall* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Strangling Cough & Constipation* How long *since birth*

Immediate *Exhaustion* How long *—*

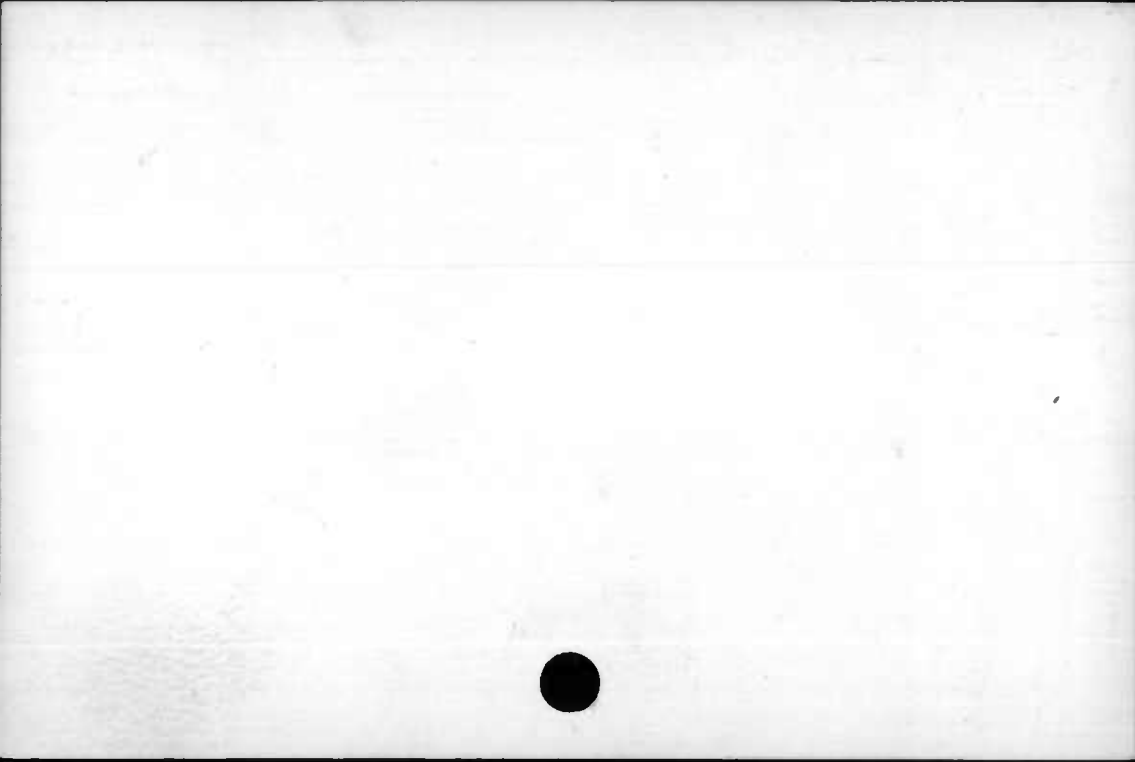
Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *none in attendance*

Address *Geo. M. Riddle*

sub. reg. - Dublin Dist

Accident or Suicide



Name
in
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

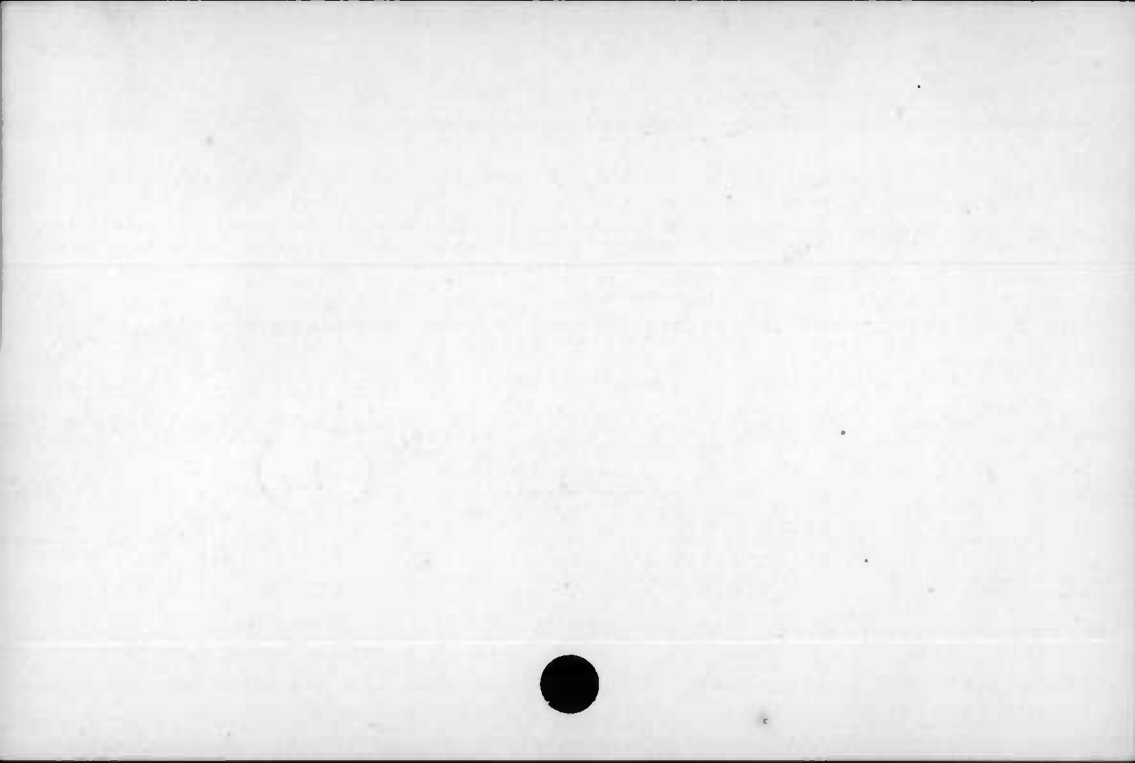
Died at		Town <i>Pomaria Ohio</i>		County <i>Somerset</i>		MARYLAND	
Date of death	1908	Month 6	Day 3	Age 1	Years 1	Months 8	Days
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>ind</i>
Occupation	<i>✓</i>			Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>✓</i>				
Father's Name	<i>Lawrence L. Pursey</i>					Father's Birthplace	<i>ind</i>
Mother's Maiden Name	<i>Abbie Brown</i>					Mother's Birthplace	<i>"</i>
Name of person giving information						How related to deceased	

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary	<i>Congestive Dropsy</i>		How long	<i>One day</i>
Immediate	<i>Asthma</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>M. Smith</i>
			Address	<i>Do not know</i>
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

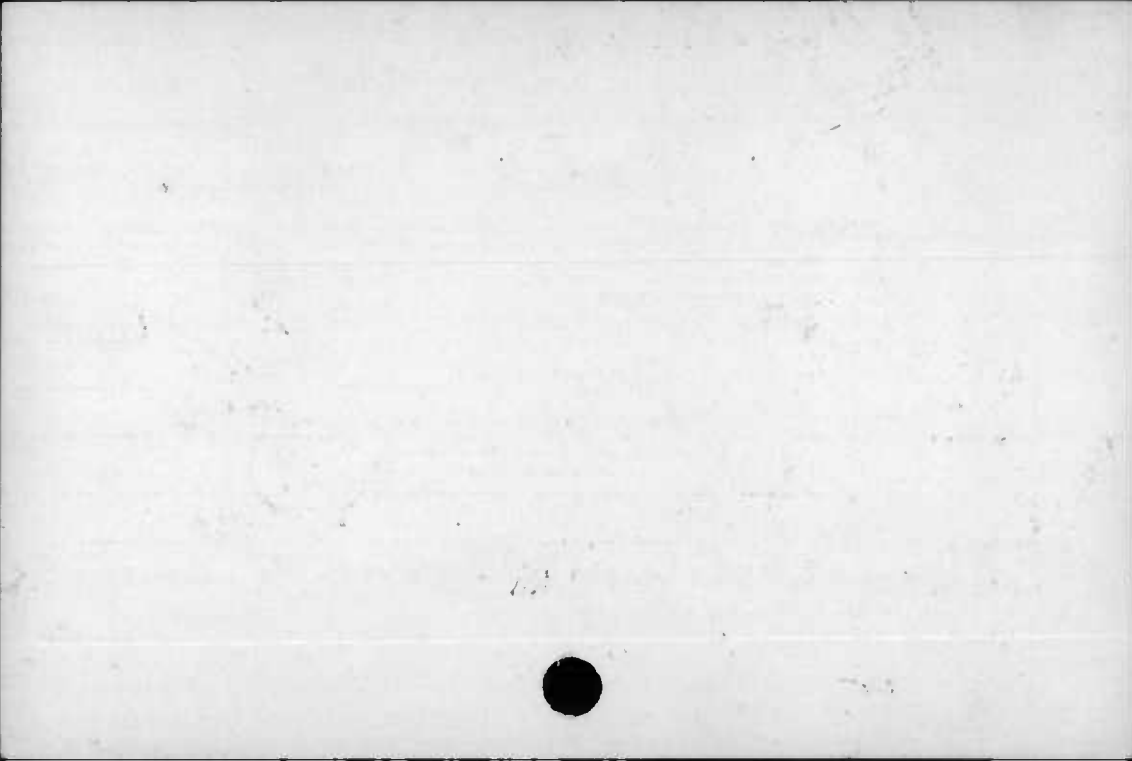
Died at <i>Crisfield</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>June</i>	Day <i>9</i>	Years <i>26</i>	Months Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Crisfield Md</i>		
Occupation <i>Printer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Mary Madsen</i>			
Father's Name <i>John Rayfield</i>			Father's Birthplace <i>Crisfield Md</i>		
Mother's Maiden Name <i>Leah Johnson</i>			Mother's Birthplace <i>Crisfield Md</i>		
Name of person giving information <i>John Rayfield</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Consumption</i>	How long	<i>one year</i>
Immediate	<i>Diphtheria</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. F. Huel</i>	
<i>yes</i>		Address <i>Crisfield</i>	
Accident or Suicide?			



Name
in
Full

William E. Roach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

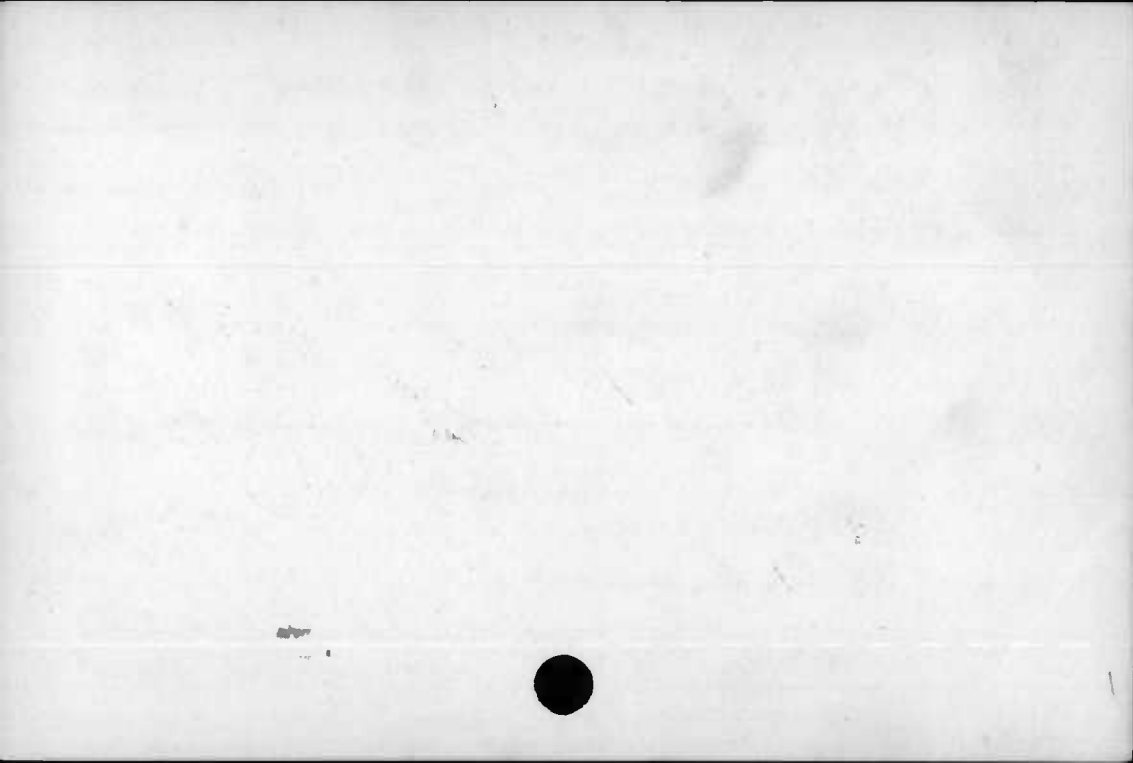
Died at <u>Engfield</u> <small>Town</small>		<u>Somerset</u> <small>County</small>		MARYLAND	
Date of death 19 <u>27</u> <small>Year</small>	<u>June</u> <small>Month</small>	<u>2</u> <small>Day</small>	Age <u>47</u> <small>Years</small>	<u>7</u> <small>Months</small>	<u>0</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth- <u>Engfield Md</u>		
Occupation <u>Insurance agt</u>	Where Bred if not at place of birth <u>Engfield, Md</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Lizzie Roach</u>				
Father's Name <u>William Roach</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Caroline Gumbly</u>	Mother's Birthplace <u>Paplova Md</u>				
Name of person giving information <u>Eddie Coulbourn</u>	How related to deceased <u>brother</u>				

CAUSES OF DEATH

175

PHYSICIAN
OR CORONER

Primary Cause of Death <u>Stomach & Kidney Disease</u>		How long <u>about</u>
Secondary Cause of Death <u>Stomach & Kidney Disease</u>		How long <u>known</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E. Coulbourn</u>
		Address <u>Engfield Md</u>
Accident or Suicide? <u>No</u>		



Name
in
Full

CERTIFICATE OF DEATH

James H Scott

Died at ^{town} Crisfield^{County} Somerset

MARYLAND

Date of death 1908 June

Day 18

Age Years 46

Months

Days

Sex

male

Color or
Race

White

Birth-
place

Virginia

Occupation

Carpenter

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Melissa Dize

Father's
Name

Don't Know

Father's
Birthplace

Va

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Va

Name of person giving
information

Melissa Scott

How related
to deceased

wife

CAUSES OF DEATH

Primary

Dementia

How long

one year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. F. Hall

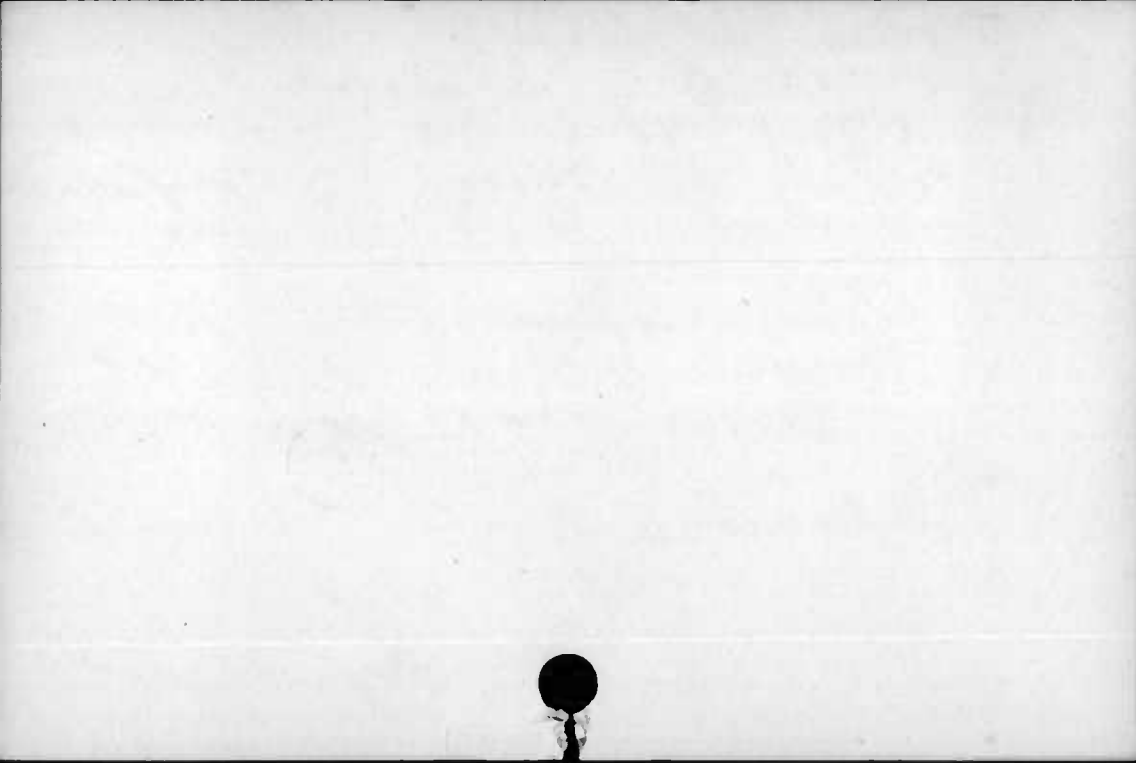
Address

Crisfield Md

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Marion Scriber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

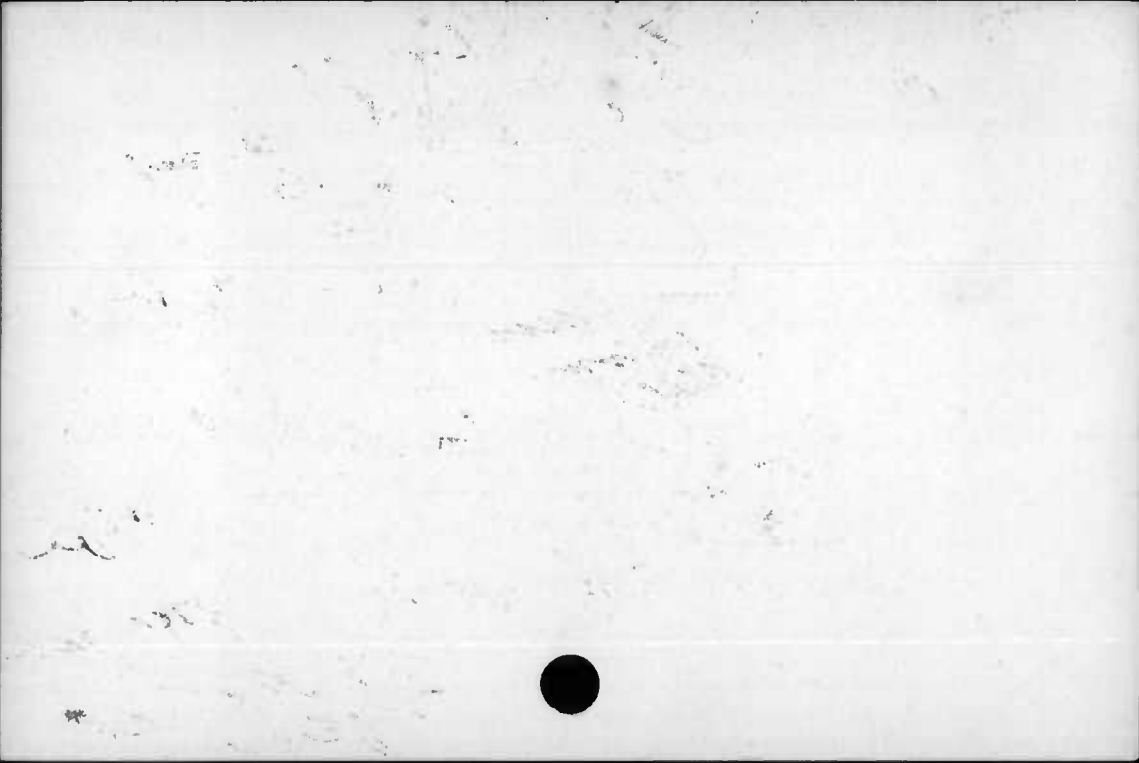
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		June	16	14			
Sex	Female		Color or Race	Black		Birth-place	Crisfield
Occupation	School			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name		Abraham Scriber				Father's Birthplace	MD
Mother's Maiden Name		Matilda Williams				Mother's Birthplace	MD
Name of person giving information		Matilda Scriber				How related to deceased	Mother

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	Tubercular Peritonitis		How long	6 months
Immediate	—		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	N. F. Hall
			Address	Crisfield MD
Accident or Suicide?		no		



Name
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Full

Agnes Marie Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

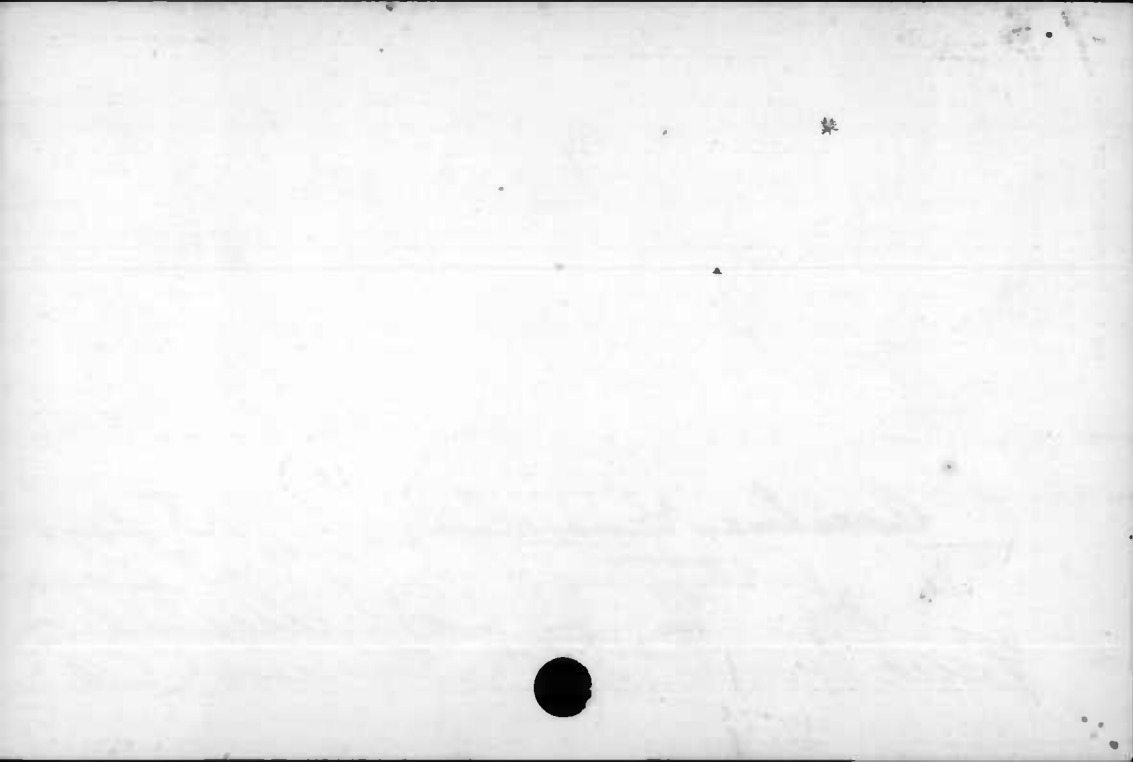
Died at <u>near Marion</u> ^{Town}		<u>Somerset</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Year}	<u>June</u> ^{Month}	<u>3</u> ^{Day}	Age <u>—</u> ^{Years}	Months <u>5</u> ^{Months} Days <u>13</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Md</u>		
Occupation			Where Residing if not at place of death		
<u>Married</u> ^{Married, Single or Widowed}		Name of Wife or Husband			
Father's Name <u>Cleveland Taylor</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Mary Taylor</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary <u>Peritonitis</u>	How long <u>1 week</u>
Immediate <u>General exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. J. H. B. Alley</u>
	Address <u>Marion, Md.</u>
Accident or Suicide?	



Name
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Full

Calvin Jones

CERTIFICATE OF DEATH

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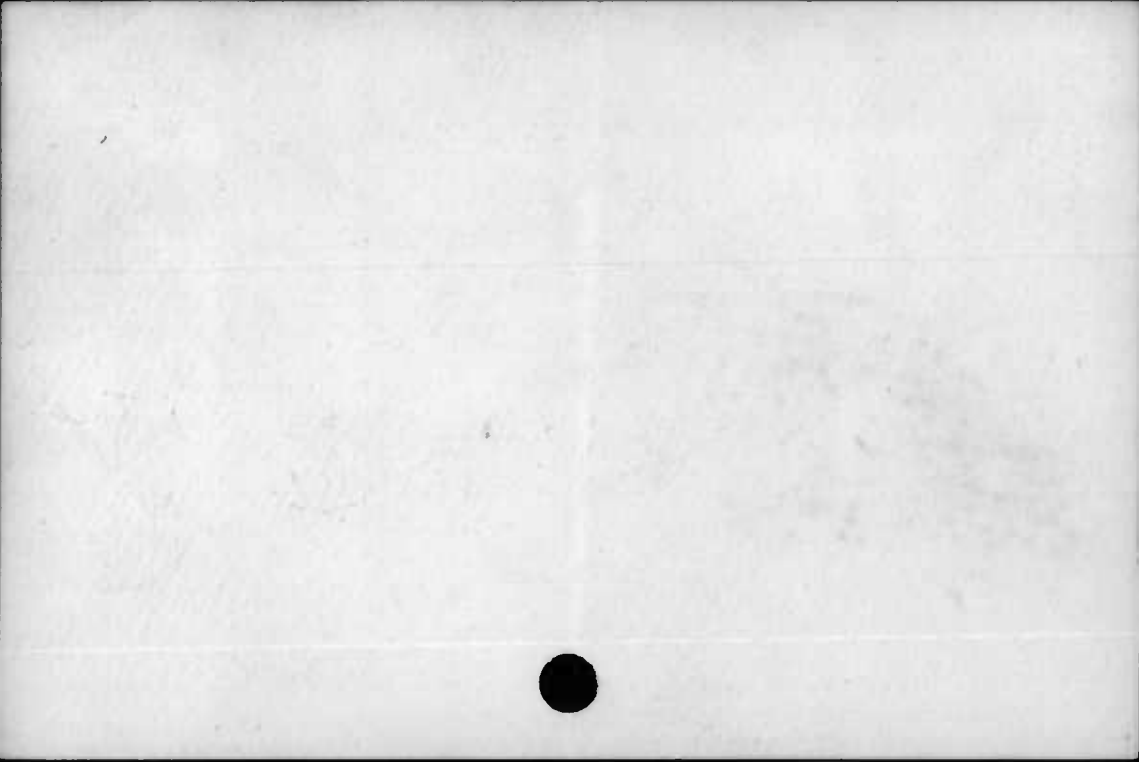
Died at		Town Memona		County Somerset		MARYLAND	
Date of death		1908	Month 6	Day 19	Age 58	Years	Months —
Sex Male		Color or Race White		Birth-place Maryland			
Occupation Sailor				Where Residing if not at place of death Memona			
Married, Single or Widowed Married		Name of Wife or Husband Emily Jones					
Father's Name John Jones		Father's Birthplace Maryland					
Mother's Maiden Name Mary Williams		Mother's Birthplace " "					
Name of person giving information J. M. Jones		How related to deceased Brother					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage	How long	15 days
Immediate	Asthma	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Alexander	
Filed by Undertaker		Address Somerset Co.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Hilda Francis Tyler</i>		Town <i>Crwell</i>		County <i>Somerset</i>		MARYLAND	
Died at <i>Crwell</i>		Month <i>June</i>		Day <i>17</i>		Age <i>9</i>	
Date of death <i>1908</i>		Month <i>June</i>		Day <i>17</i>		Age <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Smiths Island</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>Lawson Tyler</i>				Father's Birthplace <i>Smiths Island</i>			
Mother's Maiden Name <i>Jennie Cross</i>				Mother's Birthplace <i>Smiths Island</i>			
Name of person giving information <i>Lawson Tyler</i>				How related to deceased <i>Widow</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Astelectasis</i>		How long <i>9 days.</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>P. H. James</i>	
		Address <i>Crwell, Md</i>	
Accident or Suicide?			

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Asberry Tyler

Died at Cowell TownSomerset County

MARYLAND

Date

of death 1908

Month

June

Day

20

Years

19

Age

Months

1

Days

19

Sex

MaleColor or
RaceWhiteBirth-
placeSmith's Island

Occupation

Dysterman & CrabberWhere Residing if not
at place of deathMarried, Single
or WidowedSingleName of Wife or
HusbandFather's
NameAsberry Allen TylerFather's
BirthplaceSmith's IslandMother's
Maiden NameElizabeth Ann JonesMother's
BirthplaceSmith's IslandName of person giving
informationAsberry Allen TylerHow related
to deceasedFather

CAUSES OF DEATH

33

Primary

Tuberculosis of bladder & Glands

How long

2 yrs

Immediate

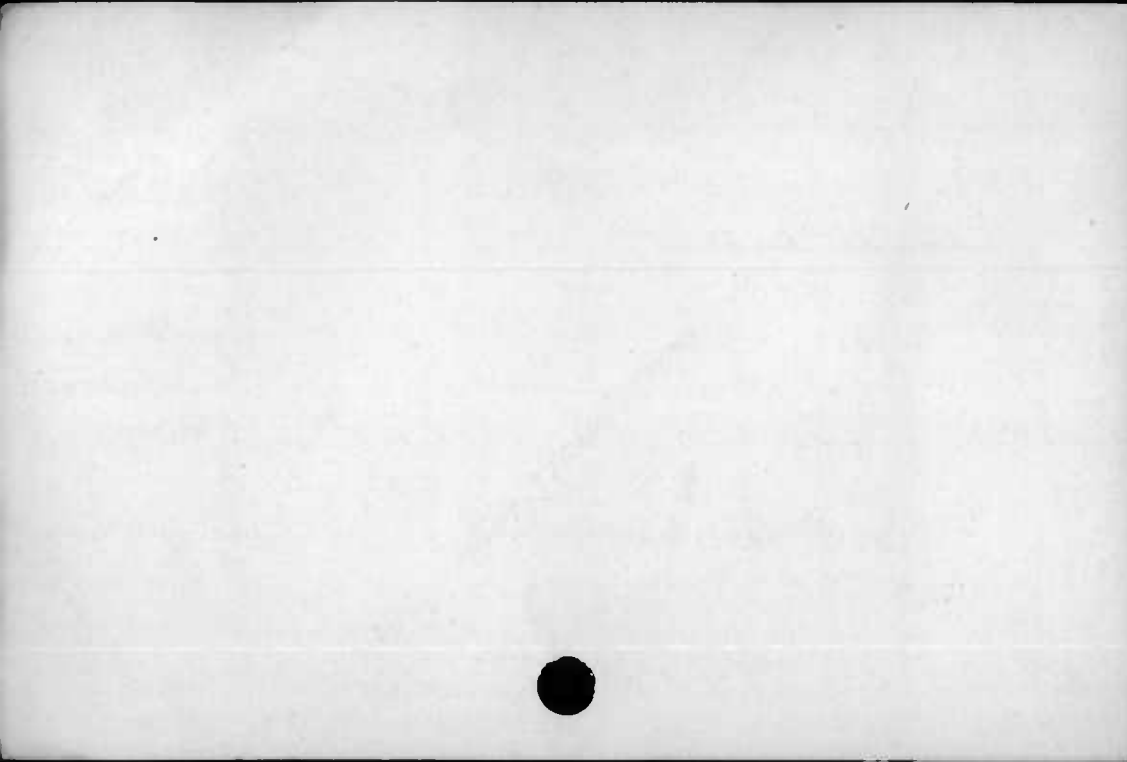
Are the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianM. H. Powers

Address

Cowell,Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Eugene Wallace* Town *Beals Island* County *Somerset*

Died at *Beals Island*

Date of death *1908* Month *6* Day *14* Age *77* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Somerset Co*

Occupation *House Wife* Where Residing if not at place of death *Beals Island*

Married, Single or Widowed *Married* Name of Wife or Husband *Arnold Wallace*

Father's Name *Eliza Ward* Father's Birthplace *Somerset Co*

Mother's Maiden Name *Hannah Ward* Mother's Birthplace *" "*

Name of person giving information *Arnold Wallace* How related to deceased *Husband*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Senile Debility* How long *6 months*

Immediate *Atrophy* How long *1 month*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. G. Alexander* Address *Somerset Co.*

Accident or Suicide?

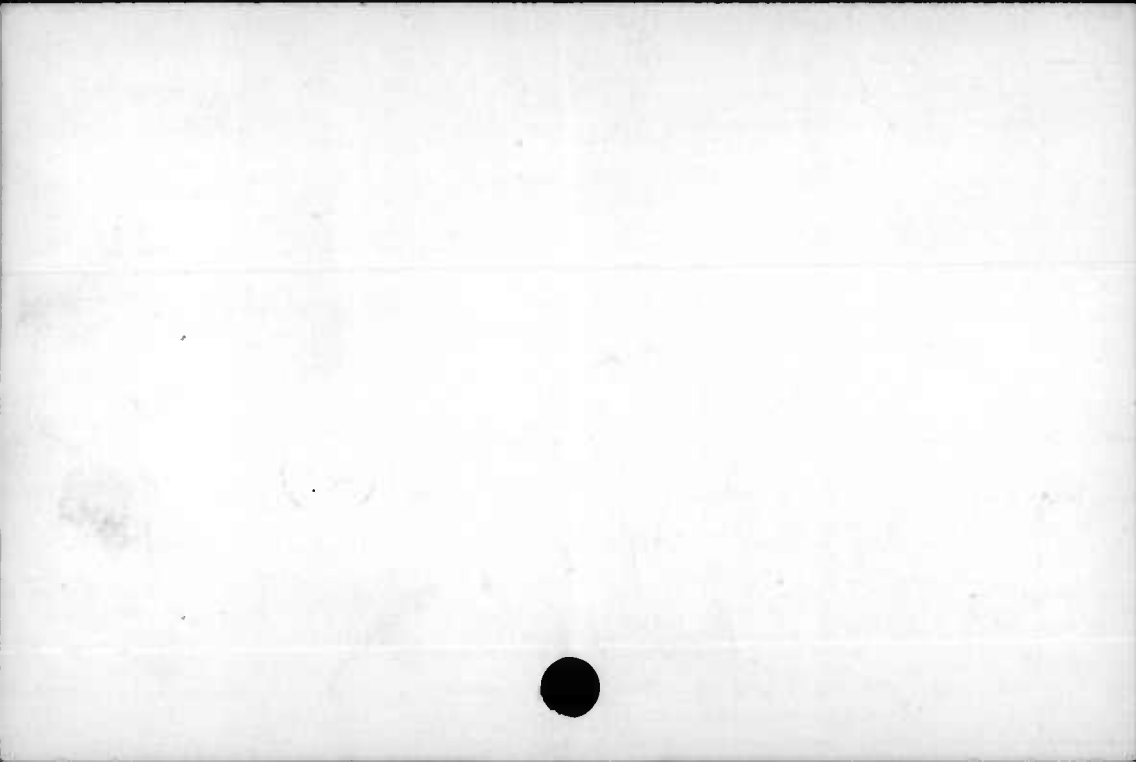


Name in Full Vesta Waters		Town Fairmount		County Somerset		CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Month June		Day 3rd		Years 20		Months —	
Sex Female		Color or Race Black		Birthplace Fairmount		Days —	
Occupation School Teacher		Where Residing if not at place of death —					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Edward Waters		Father's Birthplace Fairmount					
Mother's Maiden Name Martha Gilghman		Mother's Birthplace Somerset Co					
Name of person giving information Martha Waters		How related to deceased Mother					
CAUSES OF DEATH							
Primary Tuberculosis		How long 8 or 9 months					
Immediate Haemoflysis		How long a few hours					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician G. E. Dickinson		Address Upper Fairmount Md.			
Accident or Suicide? —							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

27



Name in Full		Certificate of Death			
Peter Whittington		Town		County	
Died at Shelletown		Somerset Co		MARYLAND	
Date of death		Month	Day	Years	Months
1908		June	15	21	
Sex		Color or Race	Birth-place		
male		Black	Somerset Co		
Occupation		Where Residing if not at place of death			
Former					
Single		Name of Wife or Husband			
Father's Name		Father's Birthplace			
John W. Whittington		Somerset Co			
Mother's Maiden Name		Mother's Birthplace			
Leah Harmon		Md.			
Name of person giving information		How related to deceased			
J. F. Powell		none			
CAUSES OF DEATH					
27					
Primary		How long			
Tuberculosis		6 mos			
Immediate		How long			
General Exhaustion					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
yes		Dr. L. A. B. Allen			
		Address			
		marion			
		md.			
Accident or Suicide?					

